

This AMENDED FINDINGS AND DECISION supersedes all previous Decisions rendered in this Medical Payment Dispute involving the above requestor and respondent.

The Medical Review Division's decision of 11/14/03 was appealed and subsequently withdrawn by the Medical Review Division applicable to a Notice of Withdrawal of 12/3/03 issued by David R. Martinez, Manager of Medical Dispute Resolution. A copy of the Withdrawal is reflected in Exhibit 1 of the Commission's case file.

Under the provisions of Section 413.031 of the Texas Worker's Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective September 1, 1993 and Commission Rule 133.305 (Titled Request for Medical Dispute Resolution), a dispute resolution review was conducted by the Medical Review Division regarding a medical dispute between the requestor and the respondent named above.

The Medical Review Division rendered a Findings and Decision involving a medical payment dispute predicated by the carrier denying payment of analgesic balm 99070 and range of motion testing 95851 based on "G" – global to the office visit and payment of a hinged knee brace 99070 reduced on the basis of "M" – fair and reasonable reimbursement. Electrical stimulation 97014, group therapeutic procedure 97150, myofascial release 97250, joint mobilization 97265 was denied or reduced per the 1996 Medical Fee Guideline. Muscle testing 97750-MT was denied payment for lack of preauthorization and per the Medical Fee Guideline.

The Medical Review Division's decision of 11/14/03 was issued based upon the requestor not submitting supporting documentation verifying delivery of service timely for 97750-MT, Electrical stimulation 97014, group therapeutic procedure 97150, myofascial release 97250, joint mobilization 97265 and range of motion testing 95851 violating the 1996 MFG, and 99070 reduced to fair and reasonable, which resulted in an Order not being issued for the respondent to pay for the health care costs associated the disputed nutritional supplements.

The requestor appealed this Decision, errors were found in the 11/14/03 decision, which resulted in the issuance of this Remand.

I. DISPUTE

Whether there should be reimbursement for office visit 99215, range of motion testing 95851, knee brace 99070, electrical stimulation 97014, muscle testing 97750-MT, analgesic balm 99070, group therapeutic procedure 97150, myofascial release 97250 and joint mobilization 97265 from 11/6/01 through 1/7/02.

II. RATIONALE

The office visit 99215 was denied as per the Treatment Guideline. The requestor withdrew this disputed service on 12/31/03 and will therefore not be reviewed in this Amended Decision.

The carrier denied range of motion testing 95851 as global to the office visit. Per MFG, MGR (I)(A)(8), range of motion testing 95851 x 2 is reimbursable as the service was performed by the doctor and not a therapist. Reimbursement of \$72.00 is recommended.

The hinged knee brace 99070 was reduced by the carrier to fair and reasonable charges. Per Commission Rule 133.307 (g)(3)(D), the requestor is to submit necessary documentation to support their fee as fair and reasonable. The requestor did not submit the required documentation. Additional reimbursement is not recommended.

The analgesic balm 99070 x1 was denied by the carrier as global to the office visit. Per the requestor the balm provided by the doctor were over and above those usually included with an office visit. The Medical Fee Guideline allows reimbursement for analgesic balm. Reimbursement of \$8.00 is recommended.

Electrical stimulation 97014 x 6, group therapeutic procedure 97150 x 1, myofascial release 97250 x 2 and joint mobilization 97265 x 2 was denied for reduced per the Medical Fee Guideline. Review of the services does not show any more than 4 modalities/therapies/procedures in the billed session. Timed codes (97110) do not exceed 2 hours per session. Two hours only applies to timed codes and not the billed untimed codes (97014, 97250 and 97265) Reimbursement for electrical stimulation 97014 x 6 (\$90.00), group therapeutic procedure 97150 x 1 (\$27.00), myofascial release 97250 x 2 (\$86.00) and joint mobilization 97265 x 2 (86.00) is therefore recommended.

Muscle testing 97750-MT x 2 was denied by the carrier for lack of preauthorization and per the Medical Fee Guideline. Preauthorization for muscle testing is not required. Per the MFG, MGR (I)(E)(3) the requestor is required to submit documentation “identifying the service provided, results, and interpretation of the test...” There is no documentation to verify delivery of service of 97750-MT muscle testing, therefore reimbursement is not recommended.

III. AMENDED DECISION AND ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for analgesic balm 99070 in the amount of **\$369.000**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$369.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Amended Findings, Decision and Order are hereby issued this 21st day of January 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division